



Notification of Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

810609

131#IL

ILS-000-001-414

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name JOHN SEXTON CONTRACTORS CO.

Street 1815 SOUTH WOLF RD.

City Hillside

State IL

Zip Code 60162

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site MATTESON / SEXTON

Street SAUK TRAIL + CENTRAL AV

City RICHTON PARK County COOK State IL Zip Code 60471

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) DANIELS, ARTHUR A.

Phone (312) 449-1250

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1977 To (Year) 1979

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

- 1. ☐ Organics
- 2. ☐ Inorganics
- 3. ☐ Solvents
- 4. ☐ Pesticides
- 5. ☐ Heavy metals
- 6. ☐ Acids
- 7. ☐ Bases
- 8. ☐ PCBs
- 9. ☒ Mixed Municipal Waste
- 10. ☐ Unknown
- 11. ☒ Other (Specify)
COMMERCIAL
INDUSTRIAL

Source of Waste:

Place an X in the appropriate boxes.

- 1. ☐ Mining
- 2. ☐ Construction
- 3. ☐ Textiles
- 4. ☐ Fertilizer
- 5. ☐ Paper/Printing
- 6. ☐ Leather Tanning
- 7. ☐ Iron/Steel Foundry
- 8. ☐ Chemical, General
- 9. ☐ Plating/Polishing
- 10. ☐ Military/Ammunition
- 11. ☐ Electrical Conductors
- 12. ☐ Transformers
- 13. ☐ Utility Companies
- 14. ☒ Sanitary/Refuse
- 15. ☐ Photofinish
- 16. ☐ Lab/Hospital
- 17. ☐ Unknown
- 18. ☒ Other (Specify)
RESIDENTIAL
COMMERCIAL

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

000107 JUN -981



JUN 09 1981

Notification of Hazardous Waste Site

Side Two

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amountcubic feet 502,801 *cubic YARD.*

gallons _____

Total Facility Area

square feet _____

acres 84.9 A**G Known, Suspected or Likely Releases to the Environment:**

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name ARTHUR A. DANIELS

Street _____

City _____ State _____ Zip Code _____

(Signature)Date 6/9/81

- ☐ Owner, Present
- ☐ Owner, Past
- ☐ Transporter
- ☐ Operator, Present
- ☐ Operator, Past
- ☐ Other

SEE ATTACHED



Notification of Hazardous Waste Site

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E

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

#450 TLS-000-001-460
Name ONYX Chemical Co. - Blue Island PLT.
Street 14000 South Seeley Ave.
City Blue Island State IL Zip Code 60406

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site John Sexton
Street SAUK TRAIL + CENTRAL AVE
City RIGHTON PARK County COOK State IL Zip Code 60471

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) MARTIN, James D. Oper. MGR.
Phone (312) 379-2600

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1977 To (Year) 1977

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☒ Organics
2. ☒ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☒ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☐ Other (Specify)

Source of Waste:

Place an X in the appropriate boxes.

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☐ Other (Specify)

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N

F Waste Quantity: Place an X in the appropriate boxes to indicate the facility types found at the site. In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons. In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	Facility Type 1. <input type="checkbox"/> Piles 2. <input type="checkbox"/> Land Treatment 3. <input checked="" type="checkbox"/> Landfill 4. <input type="checkbox"/> Tanks 5. <input type="checkbox"/> Impoundment 6. <input type="checkbox"/> Underground Injection 7. <input type="checkbox"/> Drums, Above Ground 8. <input type="checkbox"/> Drums, Below Ground 9. <input type="checkbox"/> Other (Specify) _____	Total Facility Waste Amount cubic feet <u>14,000</u> gallons _____ Total Facility Area square feet <u>100</u> acres _____
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G Known, Suspected or Likely Releases to the Environment:
Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment. ☐ Known ☐ Suspected ☐ Likely ☐ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

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Name _____

Street _____

City _____

State _____

Zip Code _____

- ☐ Owner, Present
☐ Owner, Past
☐ Transporter
☐ Operator, Present
☐ Operator, Past
☐ Other

(Signature) _____

and Date Present



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810609

IL#141

ILS-000-001-413

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name MRS. EILEEN G. SEXTON

Street 1815 SO. WOLF RD

City Hillside

State IL

Zip Code 60162

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site MATTESON / SEXTON

Street SAUK TRAIL & CENTRAL AV

City RICHTON PARK County COOK State IL Zip Code 60471

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) SEXTON, EILEEN G.

Phone (312) 449-1250

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Source of Waste:

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Notification of Hazardous Waste Site

Side Two

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Facility Type

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5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

Cubic yards 502, 801

cubic feet

gallons

Total Facility Area

square feet

acres

84.9 A

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

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Name

MRS. EILEEN G. SEXTON

Street

City

State

Zip Code

Signature

Date

☒ Owner, Present

☐ Owner, Past

☐ Transporter

☐ Operator, Present

☐ Operator, Past

☐ Other